# **HEALTH ENTITIES**

COMPANY NAME:	NAIC Company Code:		
Contact:	Telephone:		
REQUIRED FILINGS IN THE STATE OF:	Filings Made During the Year 2016		

(1)	(2)	(3)	\WD.6	(4)	ODVEG+	(5)	(6)	(7)
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	NUMBER OF COPIES*  Domestic Foreign		DUE DATE	FORM SOURCE**	APPLICABLE NOTES	
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	State	NAIC	Foreign State	DUEDATE	SOURCE	NOTES
		I. NAIC FINANCIAL STATEMENTS	State	TVIIC	State	1	1	I
	1	Annual Statement (8 ½"X14")	2	EO	XXX	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	2	EO	XXX	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO	XXX	5/15, 8/15,	NAIC	
		(4 / 2 11 1 1 )	_			11/15		
		W NAME OF THE OWNER.						
	10	II. NAIC SUPPLEMENTS Accident & Health Policy Experience Exhibit	*****	EO		4/1	NAIC	
	11	Actuarial Opinion	XXX KY EO	EO	XXX	3/1	Company	See "B" page 3
	12	Health Care Exhibit (Parts 1, 2 and 3) Supplement	XXX	EO	XXX XXX	4/1	NAIC	See B page 3
	13	Health Care Exhibit's Allocation Report Supplement	XXX	EO	XXX	4/1	NAIC	
	14	Investment Risk Interrogatories	XXX	EO	XXX	4/1	NAIC	
	15	Life Supplemental Data due March 1	XXX	EO	XXX	3/1	NAIC	
	16	Life Supp Statement non-guaranteed elements – Exh 5,	XXX	EO	XXX	3/1	Company	
	10	Int. #3	AAA	LO	AAA	3/1	Company	
	17	Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2	xxx	EO	XXX	3/1	Company	
	18	Life Supplemental Data due April 1	XXX	EO	XXX	4/1	NAIC	
	19	Long-Term Care Experience Reporting Forms	XXX	EO	XXX	4/1	NAIC	
	20	Management Discussion & Analysis	KY EO	EO	XXX	4/1	Company	See "B" page 3
	21	Medicare Supplement Insurance Experience Exhibit	XXX	EO	XXX	3/1	NAIC	
	22	Medicare Part D Coverage Supplement	XXX	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	
	23	Property/Casualty Supplement due March 1	XXX	EO	XXX	3/1	NAIC	
	24	Property/Casualty Supplement due April 1	XXX	EO	XXX	4/1	NAIC	
	25	Risk-Based Capital Report	KY EO	EO	XXX	3/1	NAIC	See "B" page 3
	26	Schedule SIS	KY EO	N/A	N/A	3/1	NAIC	See "B" page 3
	27	Supplemental Compensation Exhibit	KY EO	N/A	N/A	3/1	NAIC	See "B" page 3
		III. ELECTRONIC FILING REQUIREMENTS						
	60	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	61	March .PDF Filing	XXX	EO	XXX	3/1	NAIC	
	62	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing  Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
	64	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
	65	Supplemental .PDF Filing	XXX	EO	XXX	4/1	NAIC	
	66	Quarterly Statement Electronic Filing	XXX	EO	XXX	5/15, 8/15,	NAIC	
	67	Quarterly .PDF Filing		FO		11/15	NAIC	
	67	Quarterly .PDF Filling	XXX	EO	XXX	5/15, 8/15, 11/15	NAIC	
	68	June .PDF Filing	XXX	EO	XXX	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	2	EO		6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters	1				1	
		Noted in Audit		N/A	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		Company	
		Management's Report of Internal Control Over	1			<u> </u>	1	
	86			N/A	N/A	8/1	Company	
		Financial Reporting						
	87	Financial Reporting Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	87 88	Financial Reporting Notification of Adverse Financial Condition Request for Exemption to File	1 1					
	87	Financial Reporting Notification of Adverse Financial Condition Request for Exemption to File Relief from the five-year rotation requirement for lead	1	N/A N/A	N/A	3/1	Company Company	
	87 88	Financial Reporting Notification of Adverse Financial Condition Request for Exemption to File	1	N/A	N/A N/A	3/1	Company	

91	Relief from the Requirements for Audit Committees	XXX	EO	XXX	3/1	Company	
	V. STATE REQUIRED FILINGS***						
101	Certificate of Compliance	0	0	XXX	3/1	State	
102	Certificate of Deposit	0	0	1	3/1	State	
103	Filings Checklist (with Column 1 completed)	0	0	XXX	3/1	State	
104	Premium Tax	See "D" page 3	0		3/1	State	See "D" page 3
105	State Filing Fees	1	0	1	3/1	State	
106	Signed Jurat	XXX	0	1	3/1	NAIC	
107	Detail Listing of Securities Held Under Safekeeping (Form 143)	2	0	xxx	3/1, 5/15, 8/15, 11/15		
108	Certificate of Advertising	1	0	1	3/1		
109	Insurance Holding Company System Annual Registration Statement	1	0	xxx	4/1		
110	Schedule of Miscellaneous Investments (Form 460 and Form 470)	2	0	xxx	3/1, 5/15, 8/15, 11/15		
111	Reconciliation and Summary of Assets and Reserve Requirements (Form 480)	2	0	XXX	3/1		
112	Kentucky Supplemental Schedule (Form 495)	2	0	XXX	5/15, 8/15, 11/15		
113	Direct Business Page (State Page)	1	0	XXX	3/1		
114	Affidavit Covering Finance Committee (Form 450)	2	0	0	3/1		

<sup>\*</sup>If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

<sup>\*\*</sup>If Form Source is NAIC, the form should be obtained from the appropriate vendor.

<sup>\*\*\*</sup>For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: <a href="http://www.naic.org/public\_lead\_state\_report.htm">http://www.naic.org/public\_lead\_state\_report.htm</a>

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	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	Comto ota	
A	Required Filings Contact Person:  Kentucky Department of Insurance Financial Standards and Examination Division	Contacts: Primary: Susan Perkins Susan.Perkins@ky.gov	
	215 West Main Street, P.O. Box 517 Frankfort, KY 40601 Phone Number: 502-564-6082	Secondary: Rodney Hugle Rodney.Hugle@ky.gov	
	Division e-mail: DOI.FinancialStandardsMail@ky.gov	Phone Number: 502-564-6082	
	See Also "Kentucky Annual Filing Instructions" in pages to follow.	Division e-mail DOI.FinancialStandardsMail@ky.gov	
В	Mailing Address For KY ELECTRONIC, Hand or Overnight delivery:  Kentucky Department of Insurance 215 West Main St. Frankfort, KY 40601 Attn. Financial Standards & Examination Division	Mailing Address for <b>Regular Mail</b> : Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602-0517 Attn. Financial Standards & Examination Division	
	Division e-mail DOI.FinancialStandardsMail@ky.gov	Division e-mail DOI.FinancialStandardsMail@ky.gov	
С	Mailing Address for Filing Fees: <b>RENEWAL FEES PAID ONLINE</b> To pay online, click on eServices on the DOI website ( <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a> ). Your Annual Statement contact person should have the appropriate "USERNAME" and "PASSWORD" to process the payment. See Also "Kentucky Annual Filing Instructions" in pages to follow.	<ul> <li>Renewal fees paid online</li> <li>Other fees mailed to the address above</li> </ul>	
D	Mailing Address for Premium Tax Payments: (see below)  Premium tax forms can be accessed on the Department of Revenue's website ( <a href="http://revenue.ky.gov/forms">http://revenue.ky.gov/forms</a> )  Click on "Current Year Forms."	Post Office Box:  Department of Revenue P.O. Box 1303 Frankfort, KY 40602-1303 OR	
	NOTE:  Please <u>DO NOT</u> Submit  PREMIUM TAX payments to the KY  Department of Insurance.	Physical Address: Department of Revenue 501 High Street Frankfort, KY 40601  Phone Number: 502-564-4810	
Е	Delivery Instructions: PAY ATTENTION TO YOUR DEADLINES	ALL filings must be postmarked no later than the indicated due date, regardless of the due date falling on a weekend or holiday.	
F	Late Filings: FINES FOR LATE FILINGS	Companies will be fined \$100 per day for ALL late filings, even in situations where a request for extension has been received in writing and approved. For all late filings received WITHOUT extension approval, an additional civil penalty of \$1,000 may be assessed.	
G	Original Signatures: REQUIRED FOR DOMESTIC COMPANIES	Original signatures are required on ALL filings from domestic companies.	

	T	T
Н	Signature/Notarization/Certification: REQUIRED BY KENTUCKY	Foreign companies should follow the NAIC Annual Statement Instructions regarding signatures.  Per KRS 304.3-240(1)-shall be verified
	STATUTE	by oaths of a least two (2) of the insurers' principal officers.
I	Amended Filings: APPLIES TO DOMESTIC COMPANIES ONLY	For domestic companies, amended items must be filed within ten (10) days of the amendment, along with an explanation of the amendment. Same applies for original filings where signatures are required.
J	Exceptions from normal filings:	<b>Domestic companies</b> should apply for an exemption or extension at least thirty (30) days prior to the filing due date.
		Foreign companies must supply a written copy of any exemption or extension, received by their state of domicile, at least ten (10) days prior to their filing due date to receive approval of an exemption or extension from the Kentucky Department of Insurance.
K	Bar Codes (State or NAIC):  REFER TO http://insurance.ky.gov/.	Please follow the NAIC Annual Statement Instructions provided on the Kentucky Department of Insurance website.
L	Signed Jurat:	Kentucky REQUIRES foreign companies to file a copy of a Signed Jurat Page by March 1 as part of their Annual Statement Filings.
M	NONE Filings:  REFER TO http://insurance.ky.gov/.	Please follow the NAIC Annual Statement Instructions provided on the Kentucky Department of Insurance website.
N	Filings new, discontinued or modified materially since last year:	For ALL companies, please see "Note P" and "Note Q" below.
0	Notification of Adverse Financial Condition	Notice of Adverse Financial Condition is due five (5) business days after receipt of the accountant's report and must be sent to the Kentucky Department of Insurance's Early Warning Analyst (EWA):
		Sandra Batts, EWA Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602-0517
P	Kentucky Annual Filing Instructions:  REFER TO <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a> .	For additional instructions, please see the attached <b>Kentucky Annual Filing Instructions</b> listed on the Kentucky
		Department of Insurance website. The instructions should appear directly above

		the NAIC checklists provided for each type of entity.
Q	Company's Responsibility to Review/Update their Information on Kentucky Department of Insurance website:  Website address: <a href="http://insurance.ky.gov/">http://insurance.ky.gov/</a>	All companies should refer to the Kentucky Department of Insurance website under "Company Info" to review and verify their company information. If corrections or updates need to be made, companies should notify the Kentucky Department of Insurance by submitting the appropriate form(s) on the NAIC UCAA Corporation Amendments Application.
		Please be advised:  *the Form 12 – deals with changes to the Service of Process
		*the Form 14 – deals with address and contact changes
		*Biographical affidavits should ONLY be submitted for NEW Presidents

# General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic Filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies

#### Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

#### Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

are not required to file hard copy filings with the NAIC.

#### Column (3) (Required Filings)

Name of item or form to be filed.

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Risk-Based Capital .PDF Filing is the .pdf file for risk-based capital data.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplemental .PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the complete quarterly filing and the PDF files for all quarterly data.

The *Quarterly .PDF Filing* is the .pdf file for quarterly statement data.

The June .PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

#### Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 Annual Statement Instructions to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

## Column (5) (Due Date)

Indicates the date on which the company must file the form.

#### Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

## Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing.